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**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA**

SEAN PATRICK MICCO

Plaintiff,

vs.

COMMISSIONER OF SOCIAL  
SECURITY ADMINISTRATION

Defendant.

CASE NO. 3:18-cv-05513

**APPLICATION TO PROCEED  
IN FORMA PAUPERIS**  
**(Non-prisoner cases only)**

I, SEAN PATRICK MICCO, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ☐ No ☒

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: \_\_\_\_\_ Net: \_\_\_\_\_

Employer: \_\_\_\_\_

If the answer is "no," state the date of last employment and the amount of the gross and net salary

1 and wages per month which you received.

2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_  
 5 2. Have you received, within the past twelve (12) months, any money from any of the  
 6 following sources:

- 7 a. Business, Profession or Yes \_\_\_\_ No ☒  
 8 self employment?  
 9 b. Income from stocks, bonds, Yes \_\_\_\_ No ☒  
 10 or royalties?  
 11 c. Rent payments? Yes \_\_\_\_ No ☒  
 12 d. Pensions, annuities, or Yes \_\_\_\_ No ☒  
 13 life insurance payments?  
 14 e. Federal or State welfare payments, Yes ☒ No \_\_\_\_  
 15 Social Security or other govern-  
 16 ment source?

17 If the answer is "yes" to any of the above, describe each source of money and state the amount  
 18 received from each.

19 I receive \$654 monthly as "General Assistance" from Alameda County Social Services, as  
 20 well as \$192 in the form of supplemental nutritional benefits or "Food Stamps."

21 3. Are you married? Yes \_\_\_\_ No ☒

22 Spouse's Full Name: \_\_\_\_\_

23 Spouse's Place of Employment: \_\_\_\_\_

24 Spouse's Monthly Salary, Wages or Income:

25 Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_

26 4. a. List amount you contribute to your spouse's support: \$ \_\_\_\_\_

27 b. List the persons other than your spouse who are dependent upon you for support  
 28 and indicate how much you contribute toward their support. (NOTE: For minor

children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)

5. Do you own or are you buying a home? Yes \_\_\_ No ☒

Estimated Market Value: \$ \_\_\_\_\_ Amount of Mortgage: \$ \_\_\_\_\_

6. Do you own an automobile? Yes \_\_\_ No ☒

Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

Is it financed? Yes \_\_\_ No \_\_\_ If so, Total due: \$ \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_

7. Do you have a bank account? Yes \_\_\_ No ☒ (Do not include account numbers.)

Name(s) and address(es) of bank: \_\_\_\_\_

Present balance(s): \$ \_\_\_\_\_

Do you own any cash? Yes ☒ No \_\_\_ Amount: \$ 20 (approximately)

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes \_\_\_ No ☒

8. What are your monthly expenses?

Rent: \$ 550 Utilities: N/A

Food: \$ 200 (Approximately) Clothing: N/A

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Account
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

I may have unpaid medical bills, but I am not sure and don't know how to find out.

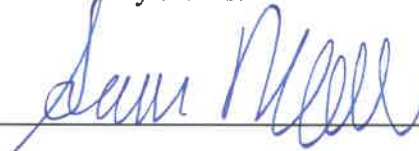
10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes \_\_\_ No ☒

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

8/13/2018

DATE



SIGNATURE OF APPLICANT